

POWA Club Membership Form

Please turn this form in at one of our weekly screenings.

For questions please contact powaclub@gmail.com



Member Details: Please Print Information.

Member ID Number _____

Name

Preferred Name

Date of Birth

Email Address

Mobile Number

Landline Number

Relation to ECU (please circle)

Student

Alumni

Faculty

No relation

If Related what is your Student ID Number

Are you a member of the ECU Student Guild (please circle)

Yes

No

How did you hear about POWA (please circle)

Website

Facebook

Posters/flyers

Event

Word of Mouth/Friend

Other (please specify)

Allergies or other special requirements

Mailing list

POWA Anime Club runs a mailing list for the purposes of informing our members of showings, related events and the addition or change of members benefits and rewards. The mailing list is the best way to keep in touch with the club.

Yes, I would like to receive email notifications from the club.

What are some of your Favourite Anime Series?

What are your Favourite Genres?

Do you have any recommendations for shows you would like to see at a POWA Screening?

For more information and to see what's new at the club be sure to like and follow us on at our website at powaclub.com or on Facebook at facebook.com/powaclubau.

POWA Anime Club Officer use only

Date joined/renewed: ___/___/___

Expires: ___/___/___

Member number: _____

Collected Amount: \$ _____

Is Member under 18? If yes has a consent form been either: (please circle)

Completed

Sent with member for completion

**Please note POWA Memberships are non-refundable due to differing membership prices